# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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|---|---|---|
| In re Application of: Layrolle *et al.* | ) | Examiner: Jennifer Kolb |
| | ) | |
| Serial No.: 09/757,344 | ) | Art Unit: 1762 |
| | ) | |
| Filed: January 9, 2001 | ) | |
| | ) | |
| Title: METHOD FOR COATING MEDICAL IMPLANTS | ) ) | **RECEIVED** DEC 1 7 2001 **TC 1700** |

Assistant Commissioner for Patents
Washington, D.C. 20231

## TRANSMITTAL LETTER

Sir:

In regard to the above identified application, we are transmitting herewith the attached:

1.   Amendment and Response to Office Action,
2.   Version of Amendments with Markings to Show Changes Made,
3.   Petition for Two-Month Extension of Time, and
4.   Return postcard.

With respect to additional fees:

_____   A.   No additional fee is required.

_____   B.   An additional fee is required and has been calculated as shown below:

**CLAIMS AS AMENDED**

| (1) | (2) Claims Remaining After Amendment | (3) | (4) Highest No. Previously Paid For | (5) Present Extra | (6) Rate | (7) Additional Fee |
|---|---|---|---|---|---|---|
| Total Claims | 12 | Minus | 20 | 0 | X $9 | = $0.00 |
| Indep. Claims | 2 | Minus | 3 | 0 | X $42 | = $0.00 |
| | | | Total Additional Claims Fees | | | $0.00 |
| Petition/Request for Extension of Time | | | _2_ months | | | $200.00 |
| | | | Total Additional Fees for this Amendment | | | **$200.00** |

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
\*\*\* Each multiple dependent claim should be counted as the number of claims from which it depends.

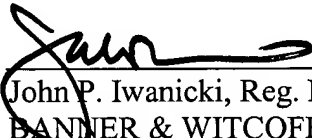_____ C. Attached is a check in the amount of $_____.

_____ D. The Commissioner is hereby authorized to charge the total additional fee to our Deposit Account No. 19-0733. A duplicate copy of this sheet is enclosed.

__X__ E. The Commissioner is hereby authorized to charge the Petition fee of $200.00_ to Deposit Account No. 19-0733.

The Commissioner is hereby authorized to charge any additional fees or credit overpayment to Deposit Account No. 19-0733.

Respectfully submitted,

Dated: _October 22, 2001_     By _[signature]_____
John P. Iwanicki, Reg. No. 34,628
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